

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification Name <u>Alaskan Copper Works</u> Street <u>3200 6th Avenue South</u> City <u>Seattle</u> County <u>King</u> State <u>WA</u> Zip <u>98134</u> SIC Code <u>3498</u> Dun & Brad Number <u>00-925-5571</u>	Owner/Operator Name Name <u>Bill Rosen</u> Phone <u>(206) 623-5800</u> Mail Address <u>P.O. Box 3546, Seattle, Wa 98124</u>
	FOR OFFICIAL USE ONLY ID # _____ Date Received _____	Emergency Contact Name <u>James Brown</u> Title <u>Operations Manager</u> Phone <u>(206) 623-5800</u> 24 Hr. Phone <u>(206) 399-3003</u> Name _____ Title _____ Phone <u>()</u> 24 Hr. Phone <u>()</u>
	Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 20 <u>00</u> [X] Check if information below is identical to the information submitted last year.	
Chemical Description		Inventory Container Type Pressure Temperature Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>
CAS# <u>0 0 7 6 9 7</u> <u>3 7</u> <u>2</u> Trade Secret <input type="checkbox"/> Chem. Name: <u>Nitric Acid Solution 10%</u> Check all <input type="checkbox"/> or <input checked="" type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> That apply <u>Pure</u> <u>Mix</u> <u>Solid</u> <u>Liquid</u> <u>Gas</u> <u>EHS</u> EHS Name: <u>Nitric Acid</u> <input checked="" type="checkbox"/> Physical and Health Hazards <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)		<u>0 3</u> <u>A 1 5</u> <u>3200 6th Avenue South</u> <u>Max Daily</u> <u>Northeast corner of main shop</u> <u>Amount Code</u> <u>0 3</u> <u>Avg. Daily</u> <u>3 6 5</u> No. of Days On-Site
CAS# _____ Trade Secret <input type="checkbox"/> Chem. Name: _____ Check all <input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> That apply <u>Pure</u> <u>Mix</u> <u>Solid</u> <u>Liquid</u> <u>Gas</u> <u>EHS</u> EHS Name: _____ <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)		<u>Max Daily</u> <u>Amount Code</u> <u>Avg. Daily</u> No. of Days On-Site
CAS# _____ Trade Secret <input type="checkbox"/> Chem. Name: _____ Check all <input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> That apply <u>Pure</u> <u>Mix</u> <u>Solid</u> <u>Liquid</u> <u>Gas</u> <u>EHS</u> EHS Name: _____ <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)		<u>Max Daily</u> <u>Amount Code</u> <u>Avg. Daily</u> No. of Days On-Site
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>1</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. <u>James Brown</u> <u>February 23, 2001</u> Name and official title of owner/operator OR owner/operator's Date signed authorized representative Signature		